

MEDICAL PLAN	Date Prepared	Time Prepared	Incident Name / Number	Operational Period

Incident Medical Stations

Medical Aid Stations	Location	Paramedics	
		Yes	No

Transportation Ambulance Services

Name	Address	Phone	Paramedics	
			Yes	No

Incident Ambulances

Name	Location	Paramedics	
		Yes	No

Hospitals

Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Gnd		Yes	No	Yes	No

Medical Emergency Procedures

ICS 206 Rev. 9-6-97	Prepared By (Medical Unit Leader)	Reviewed By (Safety Officer)